SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/08/2020 08:35
Date Of Accident	07/08/2020 08:15
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 5 & WOODLANDS SQUARE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB7075D
Insured/Policyholder	
Name Of Registered Owner	YAMOTO TRANSPORT (S) PTE.LTD
Co Reg No	1XXXX2553
Email Address	ALAN.LIM@YAMATOSINGAPORE.COM
Mobile Phone No	(LOCAL) +65-92339866
Alternative Phone No	OFFICE-92339866
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FB70ABOSRDEA-2.8 D (M)
Exact Purpose for which vehicle was being used at time of accident	GOOD DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTHCVE002729
Cover Note Number	
Driver	
Name of Driver	PAING SOE AUNG

Name of Driver

NRIC No

GXXXX048P

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

PAING SOE AUNG

GXXXX048P

27/05/1984

Outdoor

09/05/2011

Driving Experience 9 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97290932

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 104 JURONG EAST ST 13 #01-02 SINGAPORE

Postcode 600104

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Vehicle Registration Number

REFER TO ATTACH SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SDT3738H

Vehicle Make/Model/Colour KIA / K3 / BLACK

Details Of Properties RIGHT FRONT BUMPER, HEADLAMP PORTION

Vehicle Category PRIVATE CAR
Name of Driver LAU KIM KEE
NRIC/Passport Number SXXXX320A
Contact Number 97920208

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT RIGHT BUMPER ,HEADLAMP

No. Of Passenger (Including Driver)

1

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing w ith my claims including the settlement of the claims and any necessary investigations relating to the claims:
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing w ith my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detention, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insureres and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirments under any regulations, laws or court orders.

Policyholde

Date & Time

Driver's Signatur

(if driver is not the policyholder)

Date & Time

Reporting Cer ONG CHEE WEI

COMFORTOGICEO ENOMISSINE PER LTD EXTERNAL BUSINESS DW. PAND NAME & SIGNATUR

DATE

NRIC/Fin No.: (,77180994

Page 5

Sketch Plan Pg. 2

SKETCH PLAN		* ,
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT / Reported to attach.		
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MPORTANT NOTE		
Under General Condition — Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence of damage whether or not to claim under the policy. Please check your policy for more information.	nce	
DECLARATION	7	

I/We declare the foregoing particulars are true in every respect.

Policyholder's signature Date & Time

Driver's Signature

(if driver is not the policyholder)
Date & Time

COMPORTOGLORO ENGNESSING PTE LTD EXTERNAL BUSINESS DIK, PANSAN BRANCH

NAME & STREATURES

Reporting Centre Personnel's Signature Name: ONG CHEE WEI NRIC / Fin No.: 177/80994

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Accident Sketch Plan Pg. 1

Accident Date :	7th August 2020	
Accident Time:	8:15 am	BRANCH: CCD CASE STUDY MEETING DATE:
Branch name :	Cold Chain Distribution	CAUSE OF ACCIDENT :
Yamato Vehicle No. :	GBB 7075 D	
Staff Involved (Name): Staff Involved (ID): Location of Accident: Damage / Injury:	Piang Soe Aung 10000851 Woodlands Ave 5 and Woodlands Squqre Slight Damage to Vehicle	Driver did not look out for on-coming traffic before he starting to move out
Reported Written by : Accident Drawings :	Alan Lim	ACCIDENT PREVENTIVE ACTION :
	Woodlands Ave 5	Driver's are to be alert and anticipate other vehicle movements.
Full Description: I was travelling along Woodlanc approached the T-junction at W the left side road. I started to sl forwards. I decided to stop my side area. Other driver's name: LAU KIM N	Full Description: I was travelling along Woodlands Ave 5 towards Woodlands Regional Library. As I approached the T-junction at Woodlands Square, I notice this black car coming out from the left side road. I started to slow down and notice he was still approaching and moving forwards. I decided to stop my vehicle. He still moved on and collided with my front left side area. Other driver's name: LAU KIM KEE, Hp: 9792 0208, vehicle no: SDT 3738 H	
SD ID / SIGN AM STAMP / SIGN	OL SIGN	

Certificate of Insurance Pg. 1



Sompo Insurance Singapore Pte. Ltd.

50 Rattles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Tel: 6461 8555 1 Fax: 9221 3302 1 Website: www.sonripo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES,1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No.

: D19MTHCVE002729

1. Registration No.

: GBB7075D

2. Insured Name

: YAMATO TRANSPORT (S) PTE, LTD.

3. Commencement Date : 10 DECEMBER 2019 00:00

4. Expiry Date

: 09 DECEMBER 2020 23:59

5. Coverage

: Market value at time of loss - Comprehensive

6. Excess

: \$500 - Section I

7. Persons or Classes of Persons entitled to drive*

1) Whilst the vehicle is being used in connection with the Insured's business -

- b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- 2) Whilst the vehicle is being used for social, domestic or pleasure purposes -

b) Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward.

 ExcelDrive Workshops & Accident Reporting
 It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops,

otherwise claim is not payable. In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Holline: (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this cortificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act,1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Duy 20

Date/Time of Issue: 22 NOVEMBER 2019 09:05

'Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compansation)Act (Chapter 189 and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be Included under these headings

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Ricks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.

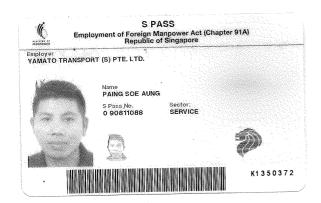
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance occupany. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation)Act (Cap. 189)

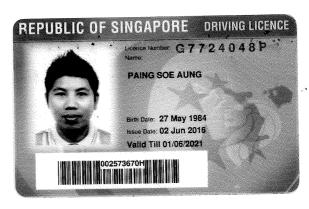
3. The Policy will cease to be valid once the motor vehicles has been sold to another person. It is naferable to a new owner of the Vehicle.

4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Promium Payment Warranty applied to the Policy in all other instances.

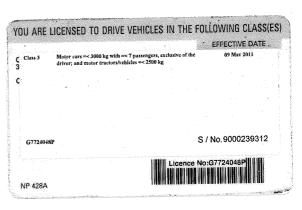
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name: 11Y04601 & YAMATO TRANSPORT (S) PTE, LTD, - J CI Code: 29C FJCDZ5L2NKNYLOSA

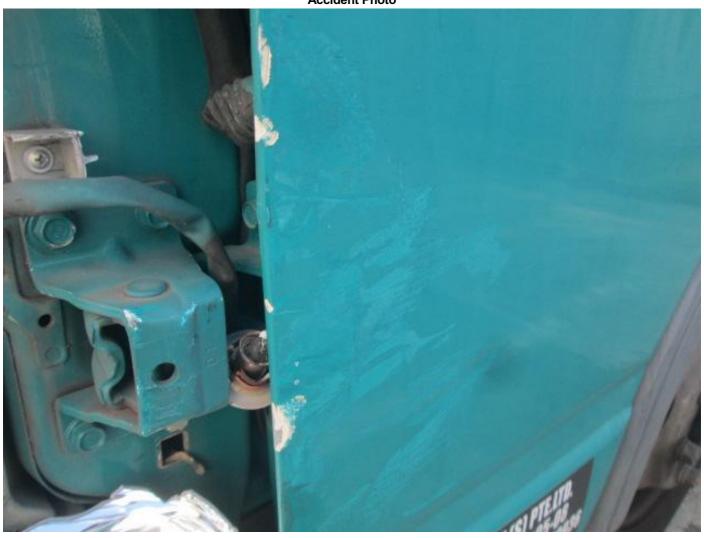


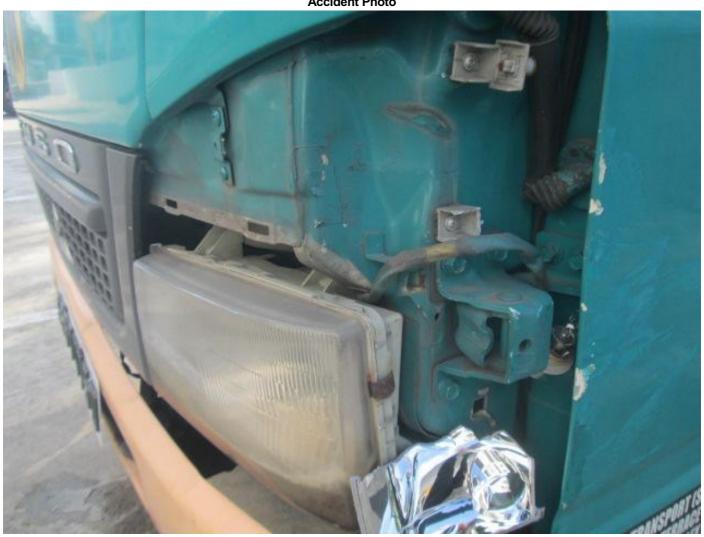






















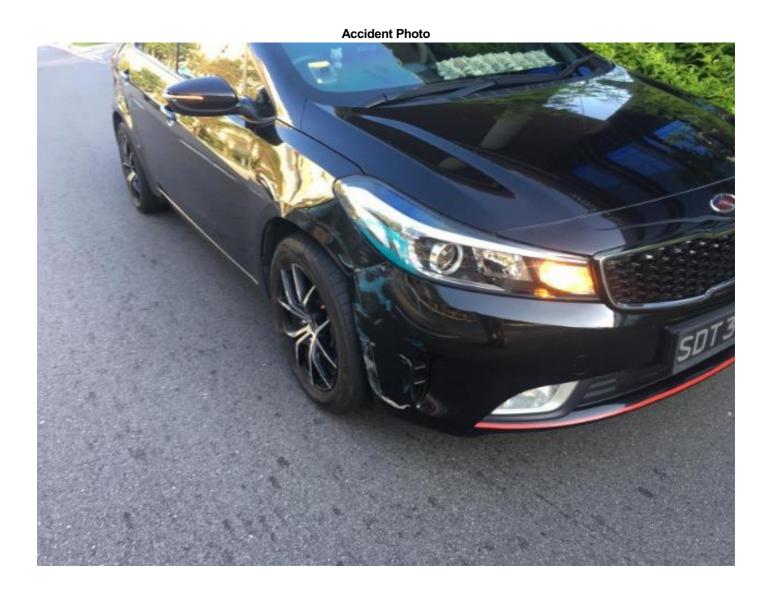












Driving License TP

